

<b>REQUEST FOR QUOTATION</b> (THIS IS NOT AN ORDER)			THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET ASIDE			PAGE 1 OF 2 PAGES	
1. REQUEST NO. CFP-15-Q-00082		2. DATE ISSUED 08/11/2015		3. REQUISITION/PURCHASE REQUEST NO.		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1	
5a. ISSUED BY CONSUMER FINANCIAL PROTECTION BUREAU OFFICE OF PROCUREMENT 1275 FIRST STREET, NE WASHINGTON DC 20417		6. DELIVERY BY (Date) Multiple					
		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)					
		9. DESTINATION					
		a. NAME OF CONSIGNEE					
5b. FOR INFORMATION CALL: (No collect calls)							
NAME JERRY SALINAS		AREA CODE		TELEPHONE NUMBER NUMBER		b. STREET ADDRESS	
8. TO:							
a. NAME		b. COMPANY					
c. STREET ADDRESS		c. CITY					
d. CITY		e. STATE		f. ZIP CODE		d. STATE e. ZIP CODE	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 09/01/2015 1500 ET		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quote. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.					
11. SCHEDULE (Include applicable Federal, State and local taxes)							
ITEM NO. (a)	SUPPLIES/SERVICES (b)			QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	This is a Request for Quotes from the Consumer Financial Protection Bureau to obtain owning a home closing data in accordance with the attached Statement of Work.						
0001	Owning a Home Closing Cost Data in accordance with the Attached Statement of Work Period of Performance: 09/28/2015 to 09/27/2016				DO		
1001	Owning a Home Closing Cost Data in accordance with the Attached Statement of Work (Option Line Item) Period of Performance: 09/28/2016 to 09/27/2017				DO		
1002	Owning a Home Closing Cost Data in accordance with the Attached Statement of Work Continued ...				DO		
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%)		c. 30 CALENDAR DAYS (%)	
						d. CALENDAR DAYS NUMBER PERCENTAGE	
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached							
13. NAME AND ADDRESS OF QUOTER				14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER							
b. STREET ADDRESS				16. SIGNER			
c. COUNTY				a. NAME (Type or print)		b. TELEPHONE	
						AREA CODE	
d. CITY		e. STATE		f. ZIP CODE		c. TITLE (Type or print)	
						NUMBER	

# CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
CFP-15-Q-00082

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1003	(Option Line Item) Period of Performance: 09/28/2017 to 09/27/2018  Owning a Home Closing Cost Data in accordance with the Attached Statement of Work (Option Line Item) Period of Performance: 09/28/2018 to 09/27/2019		DO		